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NIAGARA DISTRICT HEALTH COUNCIL
CONSEIL RÉGIONAL DE SANTÉ DE NIAGARA

3550 Schmon Pkwy, 2nd Flr, Unit 2, Thorold ON L2V 4Y6 Telephone (905) 682-7000 Fax (905) 682-7772 general@niagaradhc.on.ca

# Year in Review

# 2000-2001

June 20, 2001

*Également disponible en français*

# *Vision Statement*
# *HEALTH IN NIAGARA:*
# *A VISION FOR OUR FUTURE INTO THE 21st CENTURY*

***Niagara's health system*** of the future will focus on the consumer and be dedicated to the well-being of the people of Niagara. It will be easy to access and use, offer appropriate services which improve or maintain health to all age groups, and be more efficient and cost-effective.

***Niagara's health system*** will be co-ordinated and monitored by a local organization which will be responsible for ensuring appropriate and equitable distribution of health services across the entire region and for introducing initiatives to improve quality of care.

***Niagara's fully integrated health system*** will be built upon the strengths of the existing system. The physical, emotional and spiritual needs of individuals and communities will be met by:

- primary care and other services which will be co-ordinated to promote optimal health and well being;
- specialty services which will be co-ordinated to address specific health needs (e.g., mental health, long-term care, chronic care, women and children's issues); and,
- state-of-the-art emergency and acute care, including the diagnosis and treatment of complex medical conditions.

***Fundamental to this system*** will be the use of advanced communication and information technologies.

***Niagara's health system*** will focus both on consumer responsibility to ensure appropriate use of services, and on quality and accountability from the system's providers. The system will be caring and will foster mutual respect and partnerships between those who deliver and those who use its services.

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***This Vision Statement was prepared by the Community Visioning Steering Committee and adopted by the Niagara District Health Council on May 15, 1996.***

***For further information please contact the Niagara District Health Council***

***Également disponible en français***

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# INTRODUCTION

The Niagara District Health Council (NDHC) has up to seventeen active volunteers appointed for up to six years by Order-in-Council of the Government of Ontario. These community leaders are drawn from throughout the Niagara region and reflect a mix of consumers and providers of health care services, and three members appointed by the Regional Municipality of Niagara.

Members are committed to improving the health of Niagara residents and making our community a healthier place. As part of achieving this goal, we work to improve our local health care services. Council members bring their collective values and vision to these community planning activities and work in partnership with agencies, providers and consumers. Members share their perspectives and experiences on health matters as consumers, providers or regional government appointees, for the betterment of the entire Niagara community. Council receives and considers information and advice from its committees, working groups and staff.

***NIAGARA DISTRICT HEALTH COUNCIL***
***MEMBERS 2000/2001***

| | |
|---|---|
| Dave Eke, Chair | Consumer, Niagara-on-the-Lake |
| William Smeaton, Immediate Past-Chair | Regional Appointee, Niagara Falls |
| Mariea Mc Nelis, Vice-Chair | Consumer, Niagara Falls |
| Ronald Scott, Treasurer | Consumer, St. Catharines |
| Roy Adams | Regional Appointee, St. Catharines |
| David Cashin | Consumer, Niagara-on-the-Lake |
| Donna Cripps | Provider, Grimsby |
| Italia Gilberti * | Consumer, Niagara Falls |
| George Marshall | Regional Appointee, Welland |
| Alan McDooling | Provider, Grimsby |
| Cameron McCallum | Consumer, Fort Erie |
| William Napper | Consumer, Port Colborne |

***Ministry of Health and Long-Term Care Liaison:***

John Douglas, Planning Coordinator, Planning and Support, Central South Region, Ministry of Health and Long-Term Care

* Resigned.

# REPORT OF THE CHAIR

Good afternoon ladies and gentlemen. It is my pleasure to extend a warm welcome to each and every one of you. It is also my honour to welcome Debbie Zimmerman, Regional Chair, for the Regional Municipality of Niagara as our guest speaker. We look forward to her keynote address.

This is my second address to you as Chair of the Niagara District Health Council, an organization that I am very proud of.

We are fortunate that we possess a broad base of skilled and dedicated volunteers and staff, not only at the Niagara District Health Council, but amongst the broader health and community services field which comprises our planning partners. The emphasis on strong collaborative partnerships is one of our greatest assets. This allows us to collectively build on the strengths of the current health care system and plan how to best meet the many, different local and regional needs of Niagara residents. Proactive planning means encouraging as much participation as possible from local volunteers and partners like you. This gives us all a better understanding of the economic, social, educational and environmental influences on health and informs our choices for an efficient and effective health system in Niagara.

As I summarize the various activities Council was engaged in during the past year, you will note the theme of working closely with you our planning partners. Your involvement to assist us in multiple planning tasks is commended and your expertise and perspective is important to us. We are fortunate to have perspectives from hospitals, from the Region, from Community Care Access Centre and from community mental health and addictions agencies available to us upon request. Your willingness to provide advice for service co-ordination, which cuts across the sectors of health care as evidenced in mental health care for seniors, is inspiring. The forging of new relationships with agencies in different sectors is innovative and required if we are to address emerging community needs. In this light, employment development for mental health consumer/survivors comes to mind and involves new players from employment and business, working with our mental health agencies and consumers. We welcome them and wish them well in their work.

Where does our advice go? It is designed to lead to action in our communities through implementation by our existing agencies or the creation of working groups or new networks to implement action strategies which cut across agencies or sectors. Of course, much of our work is directed, supported and used by the Ministry of Health and Long Term Care at the Central South office in Hamilton. They too are a key partner to make Niagara a healthy community with a sustainable health care system. I am pleased Narendra Shah, Regional Director, Central South, Ministry of Long Term Care will join us after this Annual Meeting to officially open our new office.

As the local health system planner and advisor to the Minister of Health and Long-Term Care (MOHLTC), The Honourable Tony Clement, Council provides advice to meet increasing demands and address emerging pressures on the health care system. With the assistance of the MOHLTC Regional Office, Council leads and supports communities in developing and sustaining a locally responsive and accountable system of services in long-term care, hospitals and mental health. District Health Council Operating Plans provide the Ministry and DHCs with an accountability mechanism. Council's planning reflects local values, community-initiated priorities and Ministry requirements, including French language service requirements.

In accordance with our Operating Plan, a number of significant activities and key planning reports were undertaken and completed by Council to better align services with need and create more integrated service networks. These are summarized below.

Institutional/Rural
- ✓ Review of Hospital Operating Plans
- ✓ Rural Framework Planning (re level "D" hospital services)
- ✓ Monitoring Critical Care Bypass and Ambulance Redirect
- ✓ Review French Language Services Implementation/Designation Plan

Mental Health
- ✓ Implementation of System Design
- ✓ Review of Community Mental Health and Addictions Operating Plans
- ✓ Mental Health Housing Project
- ✓ Employment Development Project and formation of community implementation Coalition
- ✓ Dual Diagnosis Planning

Health Human Resources
- ✓ Physician Resources Planning Task Force
- ✓ Exploratory needs assessment with Central South DHCs

Long Term Care
- ✓ Annual District Service Plan for Community Long Term Care Services

Other Major Collaborative Activities
- ✓ Primary Care Survey (with Central West Health Planning Information Network and Central West DHCs)
- ✓ Local Health System Report for Niagara in collaboration with all 16 DHCs
- ✓ Rehabilitation Needs Assessment for total joint replacement with Central West Health Planning Information Network and Central South DHCs.

Other areas of involvement in addition to the key issues identified by Council in its Operating Plan included: support for palliative care through Hospice Niagara and Wellspring Niagara; expressing concern to the Minister of Health and Long-Term Care regarding the waiting list for ophthalmology/criteria used in determining eligibility in the Specialist Retention Initiative; expressing its concern to the Ministry of Health and Long-Term Care regarding the urgency for support-in-principle of the Hotel Dieu Health Sciences Hospital Specialized Mental Health Services Functional Plan; support for Regional Municipality of Niagara recommendations concerning long-term care service needs in Niagara (particularly in dementia care and specialized care); providing information to the Regional Municipality of Niagara and municipalities regarding the current status of long term care beds and community resources in Niagara; support of the application of the Regional Niagara Public Health Department - Community Mental Health Program for a Mental Health/Addiction Outreach Proposal; support for Mobility Niagara and input to the Regional Municipality of Niagara Transportation Strategy; providing a response to the Committee on Technical Fees regarding diagnostic service planning, funding and management; support for Heart Niagara's "Secondary Prevention Programme: Cardiac Rehabilitation"; staff involvement on Nominating Committee to establish the Niagara Community Foundation; and, comments to the Ministry of Health and Long-Term Care regarding capital funding policy for long-term care facilities.

I encourage you to read the Annual Report for more details on our activities in the past year and to visit our website for more current activities and information at www.niagaradhc.on.ca. Please refer to Council's committee structure and Council members and staff involvement on regional and local committee/groups contained in the Annual Report for more details.

Chairman's Report (continued)

The year 2001 sees the departure of two of our members. We will very much miss the involvement of Mariea Mc Nelis, our Vice-Chair, Chair of Mental Health Committee, and Chair of the hugely successful Action Centre Conference we hosted in November 1998. Mariea is also past chair of our Substance Abuse Task Force and currently a member of the Central South Mental Health Implementation Task Force. We thank her for sharing her passion for health care, and her special interest in mental health and addictions. We are also thankful for the contributions of Italia Gilberti, a member from Niagara Falls for the past three years providing a consumer perspective.

One new member has been appointed to Council this year. Council welcomes Alan McDooling of Grimsby as a provider member. Council is also very pleased with the reappointments of Regional Councillors Roy Adams, George Marshall, and William Smeaton and the reappointments of Ron Scott, David Cashin and myself. We are also hopeful of hearing the Ministry reappointments to fill the additional vacancies in the near future.

In terms of staff in the past year, I would like to thank all members: Julie Darnay, Senior Health Planner; Diane Fortier; Bilingual Secretary; Vicky Guertin, Health Planner; Joanne Manson, Senior Health Planner; Penny Pomeroy, Senior Health Planner; Shirley Stewart, Senior Health Planner; Mary Szabo, Administrative Officer; Jeannette Wilcox, Senior Bilingual Secretary; and, Gary Zalot, Executive Director; and Contract Staff: Sylvia Berkhout, Health Planner; Mental Health Employment Development Project; JoAnn Theobald, Consultant for the regional Child and Adolescent Mental Health Project; Livia Martin, Health Planner; and Rosie Elliott, Receptionist. I would especially like to acknowledge Mary Szabo, Administrative Officer for her twenty years of dedicated service to Council.

Last year I noted our evolving relationship with the Central South Region Office, Health Care Programs, Ministry of Health and Long Term Care. We have met on several occasions to discuss operating plans, (agency plans and the DHC plan), communications and relationship building. John Douglas, Regional Coordinator, is our day to day contact with the Ministry and is very helpful to us. We are appreciative for the involvement of Ministry staff at various levels—they are frequent visitors to our office to participate in planning activities.

I would like to point out that DHC Chairs meet several times a year to discuss issues and to meet with the Minister of Health and Long Term Care. The past Minister, Elizabeth Witmer, was a supporter of DHCs with whom we met on several occasions. We had the opportunity to meet with the Honourable Tony Clement, shortly after his appointment as Minister. We certainly look forward to our two-way dialogues in future with the Minister.

I would also like to thank the Minister and senior staff for their support of the sixteen District Health Councils in Ontario as evidenced by the recent review of DHCs. We are working closely with the Central South Office of the Ministry to implement key recommendations of the report in terms of working closely with the regional Ministry offices, communicating with our communities and stakeholders and monitoring the effectiveness of our planning and impact of DHC advice in our communities. This is certainly a challenging "work in progress." We are fortunate to have the support and leadership of Narendra Shah as Regional Director of our local Ministry office in Hamilton.

To conclude, we also are thankful for the Ministry support to relocate our two offices to a central, spacious and highly functional office in Thorold. We hope you will join us for the grand opening of our new facility at the conclusion of this meeting and share a time of fellowship and refreshments. It is located across the parking lot of this facility at 3550 Schmon Parkway, Unit 2, second floor. Thank you and see you there.

## NIAGARA DISTRICT HEALTH COUNCIL STAFF

| | | |
|---|---|---|
| Julie Darnay | Senior Health Planner | jdarnay@niagaradhc.on.ca |
| Diane Fortier | Senior Bilingual Secretary | dfortier@niagaradhc.on.ca |
| Vicky Guertin | Health Planner | vguertin@niagaradhc.on.ca |
| Joanne Manson | Senior Health Planner | jmanson@niagaradhc.on.ca |
| Penny Pomeroy | Senior Health Planner | ppomeroy@niagaradhc.on.ca |
| Shirley Stewart | Senior Health Planner | sstewart@niagaradhc.on.ca |
| Mary Szabo | Administrative Officer | mszabo@niagaradhc.on.ca |
| Jeannette Wilcox | Senior Bilingual Secretary | jwilcox@niagaradhc.on.ca |
| Gary Zalot | Executive Director | gzalot@niagaradhc.on.ca |

***Planning Consultants/Contract Staff:***

| | |
|---|---|
| Sylvia Berkhout | Mental Health Employment Development Project |
| Rosie Elliott* | Contract Secretary |
| Livia Martin* | Contract Consultant |
| JoAnn Theobald | Child & Adolescent Mental Health Project |

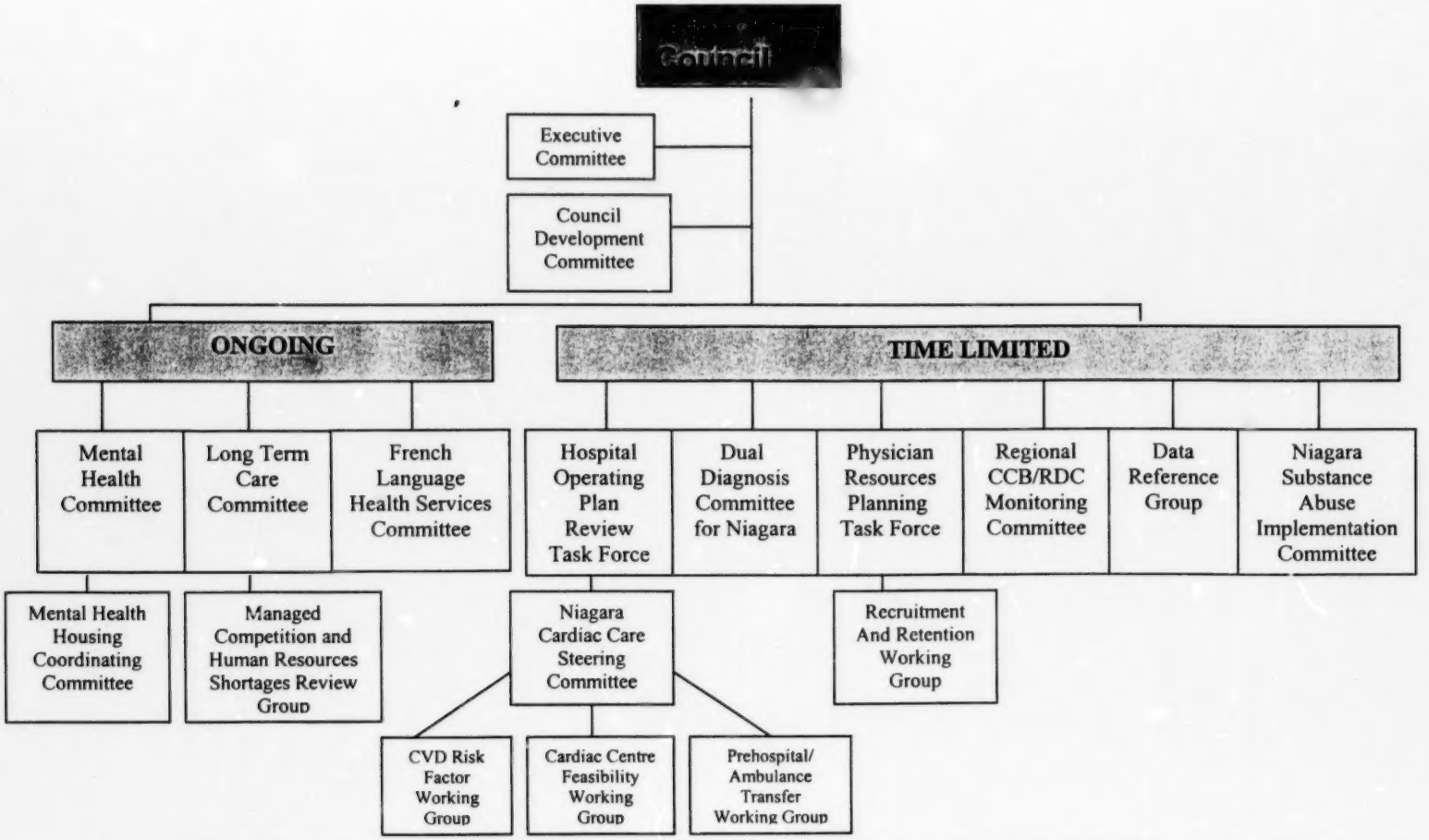
** Contract Completed.*

## COMMITTEES OF THE NIAGARA DISTRICT HEALTH COUNCIL

***A special thank you goes out to all the volunteers for the hours of work they have devoted to working toward providing the best possible health care services for Niagara, and to the families and the employers of these volunteers who have given the support which has allowed them to provide this invaluable service to our community.***

# Niagara District Health Council

## Committee Structure
## April 2001




See attached for additional committees Council and/or staff are involved with regionally and locally.

**Council and/or staff involvement on regional and local committees/groups include:**

## Regional

- Central West Health Planning Information Network
- Central South Planning and Priorities Committee
- Central South Executive Directors Group
- Central West Emergency Health Services Advisory Committee
- Central West DHC Regional Mental Health Team
- Central South Dual Diagnosis Committee
- Central South/Halton Child and Adolescent Mental Health Committee

## Local

- Mobility Niagara Board of Directors
- Base Hospital Advisory Committee
- Non-Ambulance Transfer Committee
- Niagara Emergency Medical Service Advisory Committee
- Addictions Services Mobilizing Committee
- Speech Services (S.S.) Niagara Advisory Committee
- Specialized Health Care for the Elderly Network
- Dementia Care Continuum Advisory Group
- Niagara Elderly Community Resource Group
- Niagara Community Partnerships
- Niagara Homelessness Committee (also Executive Committee and Shelter Sub-committee)
- Early Years Action Group – Niagara
- Niagara Partners in Service
- Working Group on Mental Health Services for Diverse Ethnosocial and Cultural Communities in Niagara
- Niagara Mental Health Employment Coalition
- Regional Niagara Public Health Department Pandemic Planning Steering Committee
- Niagara Health System Physician Recruitment Coordinating Committee

# MENTAL HEALTH COMMITTEE

***The Mental Health Committee is a standing committee of the District Health Council that provides strategic direction and advice to Council on the continued development of the mental health service system. Committee members include consumers, family members, mental health service providers and other community representatives.***

**Mental Health Committee** membership includes consumers, family members, mental health service providers and broader community representatives. In the previous year one of the main tasks of the committee was to initiate a process to review and update the Mental Health System Design completed in 1997. On May 1, over one hundred stakeholders participated in a full day forum to develop the vision, values, goals and principles of the revised Niagara mental health system design. Particular emphasis was placed on the participation of consumer/survivors in the system design review process, using a promotion strategy involving the development of a consumer/survivor leadership team. The next step will again involve the general community with the intention of developing the details of the various functions of our mental health system. It is anticipated a report will be available for community input by October.

Committee members annually review Ministry of Health and Long-Term Care (MOHLTC) funded community-based mental health programs. This year committee members hosted a full day planning session for service providers to prepare for the review process. It was an opportunity for service providers to share information on previous year program activities, highlight issues, pressures and challenges, and to provide information on any anticipated service changes.

The committee also hosted a well-attended community information session on Community Treatment Orders at which Dr. David Goldbloom gave an excellent presentation outlining the changes to the Mental Health Act.

Various mental health committee members have taken on additional roles with the Central South Mental Health Implementation Task Force as task force and/or sub-committee members. The Task Force was established in the fall of 2000 and is expected to complete its mandate by March 2002. The Health Services Restructuring Commission recommended Mental Health Implementation Task Forces (MHITF) be established across the Province as interim structures to define implementation plans and structures to achieve the goals of mental health reform. The Task Forces will make recommendations specific to MOHLTC mental health programs and services and will identify requirements for cross sector linkages with related systems where consumers have contact including corrections, community and social services and education. Niagara DHC staff are providing planning support to the Central South Task Force.

Members of the Niagara Dual Diagnosis Committee (NDDC) were successful in receiving approval for one-time joint funding from the Ministry of Health and long-term Care and Ministry of Community and Social

Services to develop protocols of service for individuals with a dual diagnosis (developmental disability and a mental health disability). During this past year, committee members also created and distributed a Niagara information brochure on dual diagnosis, hosted a cross-sector training session for mental health and developmental service providers, and completed a Niagara inventory of services for individuals with a dual diagnosis. The work of the Niagara Dual Diagnosis Committee has been completed. A community project steering committee will be struck to provide advice and guidance to the project management team and the project coordinator, and to continue the work to develop a continuum of services for people with a dual diagnosis in Niagara.

The Niagara Mental Health Employment Coalition was established in June, 2000 to implement ***"Working On A Dream: A Niagara Employment Plan for Individuals with Mental Health Disabilities".*** The Coalition is comprised of consumer/survivor, employer, mental health and employment service provider and family representatives. Coalition members have been working hard to establish a partnership model that facilitates the leadership abilities and self-empowerment of the consumer-survivor members of the Coalition. A long-term implementation strategy has been developed that will build the capacity of each component of the Community Mental Health Employment Support Network (as identified in "*Working On A Dream"*) to address the employment issues and needs of local mental health consumer/survivors. This network includes consumer/survivors (individuals and groups), all local employers, informal support networks (friends, family members, co-workers, etc.), mental health services, employment services, education and training, and the community at large. The Business Education Council of Niagara has been selected to be the lead sponsor of this initiative, effectively bridging consumer/survivors and their service and support providers with the business and education sectors. The Coalition and the Business Education Council are currently seeking funding to continue this very important and worthwhile community initiative.

## Addiction Treatment

Ontario Substance Abuse Bureau (OSAB), MOHLTC in December 2000 provided a response to the Substance Abuse Task Force report "Integrated Addiction Treatment Service Plan for Niagara". As a follow-up to this response, the Niagara Substance Abuse Implementation Committee, chaired by OSAB, was established to work at implementing recommendations from the district plan. Recently the Niagara region was allocated $104,250 in one-time funding, as well as, $104,250 in annualized funding to enhance addiction treatment services.

***2000/2001 MEMBERS***

Mariea Mc Nelis, Chair
Peggy Allen
Jay Andrews
Tony Antidormi
Steve Bottaro
Barb Chrysler
Anne Fox
Jim Knowles*
Margaret Maynard
Jim Nicholls
Sylvana Sgro
Laurie Wolfson**
**Ex-Officio**: Dr. Carol Vipari,
Mike Barker, Gary Zalot
**Staff:** Vicky Guertin

* Leave of absence.
** Resigned

**Niagara Dual Diagnosis Committee**

Cindy Camirand, Co-Chair
Linda Hambling, Co-Chair
Cindee Barow
Kevin Berswick
Barb Chrysler
Kyla Cormier
Rick Crysler
Brian Konkle
Sandra Malletta-Todd
Vickie Moreland
Karen Colavecchia
Suzanne Melville
Stephen Novosedlik
Kevin Rawlings
Mike Chupik
Mark Saltarelli
Barbara Simmonds
Linda Smith
Dr. Karl Stobbe
Dr. Jane Summers
Mary Westerhof

**Ex-Officio**: Mike Barker, Susan Speck and Gary Zalot
**Staff**: Vicky Guertin

**Niagara Mental Health Employment Coalition Members**

Leah Sagloski, Facilitator
Nancy Dunk, Co-Facilitator
Angela Browne
Brenda Coleman
Mary Anne Feagan
Donna Herrington*
Judy Hoover*
Ray Kerim
Shawn Lauzon*
Hannah Kotanko
Roger Montpetit
Jim Nicholls
Joan Onofrio
Donna Williams

**Staff:** Sylvia Berkhout

**Niagara Substance Abuse Implementation Committee**

Amanda Borisenko
Barb Chrysler
Albert Calaguiro
Heather Chalmers
Rick Crysler
Adrienne Jugley
Ken MacKenzie
Michael Madden
Brenda Navarre
Linda Palanek
Heather Scott
Laurie Wolfson*
**Ex-Officio:**
Vicky Guertin and Gary Zalot

* Resigned.

# MENTAL HEALTH HOUSING COORDINATING COMMITTEE

The Niagara Mental Health Housing Co-Ordinating Committee, a sub-committee of the Mental Health Committee, has worked diligently over the past year to facilitate and co-ordinate the Niagara submission to the Ministry of Health and Long-Term Care Phase II Homelessness Initiative. After several months of research and planning, the committee developed a model for Niagara that included a continuum of mental health housing and support options for individuals with serious mental illness.

A proposal for 86 supported mental health housing units was submitted to the Ministry in June of 2000 with Canadian Mental Health Association Niagara South as the lead agency, partnered with Gateway, Oak Centre, the Public Health Department Community Mental Health Program and the Niagara Health System's Community Crisis Care Program. This co-operative and integrated proposal represented one of the largest multi-service agency partnerships of its kind in Niagara.

On November 22, 2000, the Minister of Health and Long Term Care announced approval for the project for $993,988. The Niagara District Health Council has continued to support the proposal partners in the development of the project operating and implementation plan.

The Niagara Mental Health Housing Co-Ordinating Committee continues to meet and strategize to address the need for additional mental health housing units and support services in Niagara. The committee also advises the Niagara Homelessness Committee on mental health housing issues.

***2000/2001 MEMBERS***

Linda Hambling, Chair
Pat Berard/Laurie Wolfson*
Nancy Bousfield/Betty Farrish
Connie Bucknall
Barb Chrysler/Norma Medulun
Greg Climenhaga
Sheila Connolly
Terry-Lynn Dean
Julie Dennis
Liz Gatowski
Jean Irish
Tanya Johnson
Alan King
Milica Kovacevich/Debbie Poppe
Mary Ellen MacLellen
Karen Murray*
John Osczypko
Desmond Pouyat/Patricia Yack
Peter Papp
Dan Silver
Kristyn Wilson-Schram*/Rick Crysler
**Staff:** Julie Darnay

## *Did You Know?*

- That at least between 30-35% of homeless individuals have a mental health problem.
- That research evidence shows that community residential programs can successfully substitute for long-term inpatient care
- That of the Ministry of Health and Long Term Care 736 housing unit benchmark for Niagara (2003), we currently have 191 units, leaving a gap of 545 units.

* Resigned.

# LONG TERM CARE COMMITTEE

***The Long Term Care Committee was originally formed in 1993. In 1995, when DHCs were mandated through the Long Term Care Act to lead their local communities in the development of long term care services. The Long Term Care Committee was reorganized to assume this responsibility. Its role has been (through Council) to recommend to the Minister of Health and LTC annual and multi-year district service plans (ADSP) which identify priorities for service development and specific funding amounts for community long term care services. Six plans have since been developed, including a multi-year strategic plan and five annual plans.***

The **Long Term Care Committee** was reactivated this past year as one of three standing advisory committees of Council. The new committee began meeting in June 2000 under new Terms of Reference and has been meeting on average once a month since then.

In addition to the initial orientation meeting, there has been a focus on continuing/ongoing education of committee members regarding the long-term care system in Niagara. Some of the meetings were held off-site to allow for tours of other facilities - thus far this has included the Niagara Peninsula Children's Centre and Community Care Access Niagara (CCAN). Education sessions to date have included:

- CCAN
- Residential Hospices (Hospice Niagara)
- Gatekeepers/Client Intervention and Assistance (presented jointly by Niagara Gatekeepers Program and Region of Niagara Community Services Department)
- Children's Services (presented jointly by Niagara Peninsula Children's Centre and CCAN)
- Managed Competition process (CCAN)
- Dementia Care proposal (Region of Niagara Community Services Department, Seniors Services Division)

The first major project to be carried out by the new committee was the updating of the 1999-2000 Annual District Service Plan for Long - Term Care Community Services. The new Plan for 2001-2002, which was the fifth annual plan for Niagara since plans were first developed in 1996, was approved by Council in February 2001 and subsequently forwarded to the Ministry and to over 300 community stakeholders.

In developing the updated ADSP, the Committee considered issues identified by agencies funded to provide long-term care community services in Niagara in their Service Plans and the input received in response to a consultation survey sent to the broader community and facility sector. Members also reviewed the current status of issues and recommendations made in the previous plan as well as considered the many changes which have been taking place in other, related health services within Niagara.

Although the MOHLTC has approved close to $30 million in new long term care community services funding for Niagara since 1996 (when plans were first developed), the ADSP reflects the continued urgency for additional funding to enable organizations in Niagara to meet the steadily growing need for

community-based long-term care services. The updated plan makes specific recommendations on how the MOHLTC should allocate the balance of close to $5 million which remains of the $27.3 million announced in April 1998 to be used to expand and enhance services in Niagara.

While the Committee identified the need for a broad range of community services, the priorities for funding identified by Committee included a few smaller service allocations, (including services for the blind and visually impaired and those with acquired hearing loss, client intervention and assistance, and adult day services for a pilot program for those with a terminal illness) as well as transportation, caregiver respite services, and CCAN services for the frail elderly and children in schools.

Other recommendations made by the Committee are aimed at improving the effectiveness and efficiency of the delivery of community services, some of which address issues related to government policy (e.g. regarding residential hospices, services for those with an acquired brain injury who are minimally responsive, and transportation).

As in other sectors, the shortage of human resources has come to the attention of the committee. A review group has been formed to look into this issue more closely concurrently with conducting an assessment of the impact locally of the CCAN's managed competition process.

The Committee also has been paying close attention to the need for long term care beds in Niagara. As of May 2000, the MOHLTC has allocated approximately 700 new beds which are expected to be in place by 2004 or sooner. However, as of late 2000, the waiting list for a bed in a long term care facility was over 1700, with an average wait of slightly over one year. Furthermore, the committee has expressed its concern about the slow progress in actually building the new beds and, through Council, has advised the MOHLTC of the need for a change in the capital funding policy and municipalities of the need for their support.

## *Did You Know?*

- Niagara has close to 30 long term care community agencies funded by the Ministry of Health and Long Term Care to provide services ranging from volunteer-based services (e.g., meals on wheels and friendly visiting), to respite and personal support services, to professional services such as nursing and physiotherapy.
- As of late 2000, there were over 800 children waiting for therapy services through the School Health Support Service.
- Niagara's seniors population continues to exceed that of the provincial average; while Niagara currently has 16% of its population 65 years or older, the province is not expected to reach this level until 2016.
- Niagara has higher rates of elderly population 65 years and older living alone compared to the provincial average (28% in Niagara versus 27% in Ontario, with some Niagara communities exceeding 30%).
- Niagara also has higher rates of disability in the over 45 and over 65 age groups.

***2000/2001 MEMBERS***

Jocelyne Gagné, Chair
Ronald Scott, Vice-Chair
Jocelyne Blais-Breton
Ron Book
Cathy Chisholm
Jennifer D'Alessandro
Camilla D'Uva
Sylvia Douet*
Susan Farmer
Marguerite Hanratty
Julie Holmes
Charlene Macdonald
Deborah Sexsmith*
Valerie Sciarra
**Ex-Officio**: Denise Kelly
**Staff:** Julie Darnay, Joanne Manson

* Resigned during the past year.

# FRENCH LANGUAGE HEALTH SERVICES COMMITTEE

**The French Language Services Committee (FLSC) has been a standing committee of Council since 1990. It provides advice on the planning and implementation of French language health services (FLHS) in Niagara. Under provisions of the *French Language Services Act*, Council oversees the efforts of more than thirty (30) health agencies and programs in Niagara identified to develop and offer services in French in the designated areas of Welland and Port Colborne.**

This past year, the FLSC reviewed its Terms of Reference to reflect organizational changes made by the DHC. The community membership category was expanded to include a larger spectrum of Francophone organizations and the tasks were revised to reflect the role of the committee in the review of implementation as well as designation plans.

With a number of vacancies on the FLSC over the last year, the committee focused a large part of its efforts on recruiting new members. Identified service providers as well as community organizations were asked to submit nominations. As of June 2001, all vacancies have been filled.

The FLSC has continued the process of reviewing service provider implementation plans. Members provided feedback and advice on various strategies and helped agencies identify gaps in service and opportunities for improvement. It remains an on-going task of the FLSC as many agencies struggle with restructuring and amalgamations.

The FLSC had the opportunity to receive the FLS Designation Plan of Community Care Access Niagara (CCAN) for information purposes. Members provided valuable advice on implementation strategies and commended the CCAN for their efforts. The FLSC looks forward to continued collaboration with the CCAN in their efforts to obtain full designation under the *French Language Services Act*.

Recently, the FLSC also had the opportunity to receive a report from the regional office of the Canadian National Institute for the Blind (CNIB), on the progress they have made in the implementation of FLS.

Other noteworthy successes over the last year have been:

- Implementation of bilingual telephone prompts at the Welland Hospital Site of the Niagara Health System;
- Recruitment by Hospice Niagara of a Francophone program co-ordinator;
- Recruitment by the CNIB of a French-speaking Seniors' Community Liaison Worker;
- Recruitment by the Canadian Red Cross regional office of a bilingual scheduler for the volunteer transportation program;
- Recruitment of a replacement Francophone nurse by the Regional Public Health Department for their Healthy Babies/Healthy Children Initiative as well as a French-speaking dietitian for various other programs;
- Recruitment by the Alzheimer Society of a second Francophone Family Support Counsellor;
- Implementation by CCAN Niagara of a French language telephone information line;
- On-going partnership between New Port Centre and the Francophone Community Health Centre (CHC) (*Centre de santé*

*communautaire)* to provide the services of a Francophone addictions counsellor on-site at the Welland location of the CHC.

- Implementation of a Family Wellness Centre at the CHC as one of three pilot projects in Niagara to better serve Francophone parents.

The FLSC looks forward to the on-going review of implementation plans of identified agencies in Niagara over the next year as efforts to implement French language health services increase and initiatives are enhanced. The main task will be to provide the DHC with recommendations on updating the Regional FLS Plan in keeping pace with and reflecting the numerous restructuring and regionalization initiatives.

### *Did you Know ?*

- According to the 1996 ***Statistics Canada Census,*** the total number of Francophones in the Regional Municipality of Niagara is 16,430, or 4.1% of the total population, and close to 8,000 in the Welland and Port Colborne areas.
- ***Statistics Canada*** defines a Francophone as a person for whom French is the language first learned at home in childhood and is still understood.
- A person suffering from **dementia** most often reverts back to his or her mother tongue.
- The Community Services Department of the ***Regional Municipality of Niagara*** operates a **Francophone Adult Day Program** on-site at Foyer Richelieu, a designated French language long term care facility in Welland.

- The Centre de santé communautaire (Community Health Centre (CHC)) located in Welland was chosen as one of three pilot sites for the Early Years ***"Family Wellness Centres"*** initiative. This particular site provides services in French to local families.

***2000/2001 MEMBERS***

Gérard Holmes (Chair)
Robert Bisson
Cindy Camirand*
Karim Chelli *
Angelina Cook
Father Jacques Fortin
Chanda Furney
Marie-Claude Lang*
Nicole Lavoie
Astrid Quenneville (Vice-chair)
Bill Rashleigh
André Tremblay
Cheryl White

**Ex-officio**:
Jocelyne Blais-Breton, Denise Kelly, Gérard Parent, Gary Zalot
**Staff**:
Penny Pomeroy, Diane Fortier

*** Resigned/Term Completed**

# HOSPITAL OPERATING PLAN REVIEW TASK FORCE

***The Hospital Operating Plan Review Task Force reviews the programs and services portion of annual hospital operating plans. The Task Force also addresses specific issues affecting hospital care as such issues arise.***

The **Hospital Operating Plan Review Task Force** (HOPRTF) advises Council on issues relating to the provision of hospital programs and services in Niagara. The Task Force met in December 2000 to begin discussion of a consultation process around hospital operating plan development and to discuss linkages to tertiary care level D hospitals in Hamilton. As part of the latter discussion, it was suggested that Council develop a Data Reference Group and a Cardiac Care Working Group.

The HOPRTF met again in January and early March to design an Integrated Health Planning Forum, which was held on March 8, 2001. The purpose of the Forum was to promote a more responsive, consumer-centered and integrated Niagara health service through exchanging of information which assists health service providers in planning for their respective services. Representatives from hospitals, the Community Care Access Niagara (CCAN), community health agencies, long term care facilities, medical societies, unions and the Ministry of Health and Long Term Care (MOHLTC) attended the Forum.

At its April meeting, the HOPRTF reviewed the outcomes of the Integrated Health Planning Forum and finalized the forum notes which were sent out to all participants. Also at this meeting, the Task Force developed its process for the review of the 2001/02 Hospital Operating Plans. These plans were received by Council on April 20, 2001 and reviewed at a Hospital Operating Plan Forum on May 8th. Representatives of each of Niagara's three hospital corporations and the CCAN were invited to this Forum, at which brief overviews of the DHC operating plan, the CCAN service plan, and each hospital operating plan were given. HOPRTF recommendations on the programs and services portions of the hospital operating plans were formulated and reviewed by Council on May 23rd. Council's advice was then sent to the MOHLTC.

The HOPRTF met again in June to review its Terms of Reference and discuss its activities for the coming year.

***2000/2001 Members***

Peter Thornley, Chair
David Bird
Jocelyne Blais-Breton
John Candeloro
Ian Hennessy
Diane LeClair
Roseann Norton
Martin Parker
Domenic Ventresca
Tim Wright
**Staff:** Penny Pomeroy, Shirley Stewart and Joanne Manson

## *Did You Know?*

- Niagara has a higher proportion of elderly than the provincial average (16% vs. 12%).
  The elderly utilise health care services at much higher rates that other age groups. For example, the Niagara hospital separation rate for 50 year olds was 850 per 10,000 population as compared to a rate of 4,500 per 10,000 population for 85 year olds.

# PHYSICIAN RESOURCES PLANNING TASK FORCE

***The Physician Resources Planning Task Force was formed in May 1998 in response to trends revealing existing and impending shortages of certain types of physicians in Niagara. Its role is to develop recommendations and strategies which will address the physician resource requirements in Niagara over both the short term and the longer term. It functions primarily as a planning and monitoring body, although it has been involved to a limited extent with direct recruitment.***

The **Physician Resources Planning Task Force** continued with its efforts of the past two years to address the physician resource requirements of Niagara.

The Task Force was pleased to distribute widely its report of May 2000 entitled A Blueprint for Physician Recruitment and Retention in Niagara into the Next Millennium. This report both summarized the work of the Task Force since its inception in May 1998 and made recommendations on specific actions required in the future to meet the medical resource requirements of Niagara.

One of the key recommendations was to put in place a sustainable structure in Niagara to ensure that recruitment and retention of all required physicians (family physicians and specialists) remains a priority across Niagara in future. While the structure and processes are still evolving, and are more advanced in some communities than others, there is clearly a high level of understanding of the urgent need to address physician recruitment issues by all area hospitals and local communities (physicians, municipalities, businesses, etc).

The Task Force, in building up on its Blueprint recommendations, developed a coordinated model for physician recruitment and retention in Niagara. A key component of this model, currently being implemented, is a dedicated "Niagara Physician Recruitment and Retention Coordinator". This position will work closely with hospitals, municipalities, the Community Development Officer for South Central Ontario, and the Task Force to coordinate physician recruitment and retention in Niagara. In the coming year, Niagara DHC will be the sponsoring organization for this 12-month pilot project (to be reviewed after 6 months from the inception of the Project with a target start date of June 2001). Funding for this part-time position will come from the Region and the local municipalities.

Niagara continues to be seriously underserviced for family physicians and a number of specialties. All twelve of Niagara's municipalities continue to have underserviced designation for a total of 87 family physicians through the Ministry of Health and Long Term Care's Underserviced Area Program (UAP). This designation entitles the communities to visitation incentives and most are either in the process of applying for or have been successful in qualifying for financial incentives for new physicians to set up a practice.

The Underserviced Area Program designation also qualifies Niagara to attend the Ministry's annual Health Professionals Recruitment Tour held at the five Health Sciences Centres in the Fall of each year. Niagara was well represented at both the 1999 and 2000 tours, with participation of Task Force members, hospitals, physicians, municipalities, and Niagara Economic and Tourism Corporation.

In the past year, the DHC/Task Force reviewed some specific specialist-related issues which were brought to its attention, including a shortage of general surgeons in Niagara Falls and the lengthy waits for ophthalmology services, in particular cataract surgery.

In order to avoid duplication of effort, the Task Force dissolved its Medical Education Working Group this past year, while supporting the development/operation of clinical teaching programs by the area hospitals. The Task Force has continued to be represented on the advisory board of the very successful Med Experience Plus Program offered by Brock University. This program offers early exposure and experience to students who are considering a career in the health field. This program will potentially increase the pool of physicians and other health professionals who will consider establishing their health-related career in Niagara upon the eventual completion of their education.

The Task Force continues to keep abreast of local and provincial initiatives related to physician and other alternative primary care resources. For example, a report on nurse practitioner/expanded nursing roles in Niagara and associated issues was prepared. The Task Force will also be monitoring the status of the development of primary care networks in the Region.

The Task Force looks forward to continued efforts towards meeting the physician resource requirements of Niagara over the short and longer term.

## *Did You Know?*

- As of the end of March 2001, there were 109 communities in Ontario designated as underserviced by the MOHLTC for a total of 485 family physicians; 75 or 69% of the communities and 367 or 76% of the physicians needed were in Southern Ontario;
- All 12 of Niagara's local municipalities continue to be designated underserviced for a total of 87 family physicians under the Ministry's Underserviced Area Program.
- The locally determined ratio of family physicians to population in Niagara at the time of preparation of the UAP applications in 1999 was 1: 2068; this compared to 1:1124 on average in Ontario, 1:1286 in Central West, 1:1206 in the North East and 1:1130 in the North West.
- Tuition fees for first year medical school students at the five Ontario medical schools increased by 109% between 1997 and 2000, and with 4 of the 5 medical schools in Ontario planning further increases for September 2001, the estimated increase is 123% over 1997.

***2000/2001 MEMBERS***

John Carter, Chair
John Candeloro
Dr. Marion Frendo
Dr. John (Jack) Luce
Councillor Ann-Marie Noyes
Jay Orchard
Angelo Presta
Dr. Richard H. Railton
Dr. Jeffrey Remington (Chair until Sept. 2000)
Dr. Roger Rose
Regional Councillor Bob Saracino
Ron Scott
Dr. Robin Williams
Dr. Scott D. Wooder

**Ex-Officio:**
John Douglas, Jill Wood*,
Maureen Thornton** and Gary Zalot

**Staff:**
Joanne Manson

* Resigned November 2000.
** Appointed as of May 2001.

# NIAGARA REGIONAL MONITORING COMMITTEE

***The Regional Monitoring Committee monitors the utilization of Critical Care Bypass (CCB) and Redirect Consideration (RDC) by Niagara hospital/hospital sites with emergency departments. In terms of provincial and regional planning, the Committee also serves as Niagara's Emergency Services Network.***

The **Regional Monitoring Committee** (RMC) monitors the utilization of Critical Care Bypass (CCB) and Redirect Consideration (RDC) by Niagara hospitals with emergency departments. CCB is a status which signifies that an emergency department (ED) has temporarily exceeded routinely available critical care resources within the department and within the Intensive Care Unit. RDC is a status which signifies that the ED is experiencing a level of activity which would allow it to accept only a critically ill or injured patient.

The RMC met bi-weekly from August through October to develop, and plan the implementation of, a proposal for a proactive emergency services strategy. The proposal included:

- An Emergency System Coordinator to ensure effective and efficient movement of patients across the continuum of hospital services from admission to timely discharge in order to minimize the utilization of CCB/RDC;

- 2 part time Advanced Practice Nurses (APN's) to serve as a liaison between long term care facilities and acute care hospitals. The APN's attempt to prevent unnecessary admissions to ED's by assessing residents of LTC facilities before they are sent to hospital ED's and offering assistance in keeping residents in the facilities when possible. APN's also provide education to LTC facility staff on clinical skills which enable them to care for higher intensity needs residents;

- A long term care temporary staff up fund to allow LTC facilities to extend their hours of admission by calling in additional intake staff, as needed; and

- On-call hours for Placement Coordinators working for CCAN, so that they could be available on Friday evenings, weekends and statutory holidays on an on-call basis for a 17 week period from December 1st to March 31st.

The emergency services strategy was staffed during the month of November. Also during this month, the RMC revised its Terms of Reference so it could expand its membership to better advise and monitor the workings of the strategy.

The RMC met monthly from November to June to monitor the incidence of CCB and RDC and to problem solve around issues arising from the emergency services strategy. At its February meeting, a presentation was made on the recommendations of the Ministry of Health and Long Term Care RDC/CCB Working Group. These recommendations included the use of the Canadian Triage

Assessment Scale (CTAS) by both ED staff and paramedics and the elimination of the CCB status. In March, the Minister of Health and Long Term Care accepted the Working Group proposal and it is expected to be implemented on a province-wide basis in the Fall.

At its meetings in May and June, the RMC systematically evaluated the first four months of the emergency services strategy and suggested some improvements to the strategy for the coming year.

### *Did You Know?*

- In comparing Niagara data from January - April 2001 with equivalent data from January - April 2000, the incidence of Critical Care Bypass decreased by 60% while the incidence of Redirect Consideration increased by 25%.

### *NIAGARA REGIONAL MONITORING COMMITTEE MEMBERS*

Cheryl White, Chair
Andrea Bodner*
Bill Bloor
Jane Charette*
Carole Course
Cathy Dixon
Cindy Gabrielli
Linda Hayes
Karen MacKenzie
Lee Malloy
Roger Mayo
Brenda Sinan
Angela Whalen
Sheldon Wolfson
Maria Vuono

**Ex-Officio**: Ernie Jones*, Gloria Kain, Andre Marcotte and Shelly Moneta
**Staff:** Penny Pomeroy

* Resigned during the year.

# NIAGARA DISTRICT HEALTH COUNCIL

FINANCIAL HIGHLIGHTS FOR THE
YEAR ENDED MARCH 31, 2001

## STATEMENT OF OPERATIONS

| | 2001 | 2000 |
|---|---|---|
| **REVENUE** | | |
| Ministry of Health and Long-Term Care grants | **$ 844,960** | $ 840,614 |
| Other | **42,742** | 125,761 |
| | **887,702** | 966,375 |
| **EXPENSES** | | |
| Salaries and benefits | **608,335** | 560,430 |
| Administrative costs | **240,291** | 338,096 |
| | **848,626** | 898,526 |
| Other Expenses | **(14,969)** | -- |
| **DUE TO MINISTRY OF HEALTH AND LONG-TERM CARE** | **$ 24,107** | $ 67,849 |

## BALANCE SHEET

| | | |
|---|---|---|
| **ASSETS** | | |
| Current | **120,937** | $ 115,435 |
| Capital assets, net of accumulated depreciation | **72,607** | 85,532 |
| | **$ 193,544** | $ 200,967 |
| **LIABILITIES** | | |
| Current | | |
| Accounts payable and accruals | **$ 5,845** | $ 7,800 |
| Due to Ministry of Health and Long-Term Care | **113,578** | 101,471 |
| | **119,423** | 109,271 |
| Deferred contributions | **1,514** | 6,164 |
| Deferred grants for capital assets | **72,607** | 85,532 |
| | **$ 193,544** | $ 200,967 |

Ontario Public Sector Salary Disclosure Act, 1996 - The following full-time employee of the Niagara District Health Council received a salary of $100,000 or more in 2000. Gary Zalot, Executive Director, Salary - $102,500; Taxable Benefits - $895.

Financial statements for the Niagara District Health Council for the fiscal year ended March 31, 2001 have been prepared by Council's auditors and an unqualified auditors' report has been issued.

# COUNCIL MEMBERS 1975 TO 2001

Roy Adams
Frank Adamson
Robert Allan
John Angres
Robert Arkell
Eric Bergenstein
Joan Blanchard
Sharon Bowers
Rev. Elliston Bridger
Rev. Glenn Brown
Joan Brunt
George Carl
David Cashin
Dr. Arthur Comley
Gary Cook
Robert Coon
Eric Cooper
Elias Corey
Harold Costello
Donna Cripps
Wilbert Dick
Leonard Dowsett
Dorothy Doyle
Richard Dwor
Dave Eke
Dr. Julius Ennis
Irving Feldman
Dr. Robert Fleming
Doug Francis
Dr. Heime Geffen
Diane Gelineau
Dr. James Gibson
John Gibson
Italia Gilberti
Ann Gono
Dr. Michael Goodwin
Dr. Peter Grant
Doug Hamilton
Dr. Archie Heide
Jill Hildreth
Jennifer Hopkins
Elizabeth Huff-Dinall
Patricia Johns
Sharon King
Sylvia Laberee
Eleanor Lancaster
Dr. Harold Latham
Geneva Lewis
Duncan Macfarlane
Doug Mann
George Marshall
George Marshall Sr.
Edd Masters
Cameron McCallum
Alan McDooling
Kelly McNaughton
Mariea Mc Nelis
Brian Merrett
Beth Meuser
Edward Mitchelson
William Napper
Robert O'Neill
Candace Paris
Yvette Pelland
Pierre Pellerin
Carole Anne Pelletier
John Pennachetti
Doris Penner
Stan Pettit
Lillian Phillips
Margaret Philps
Selvam Pillay
Dr. Moishe Pollock
Dr. Gordon Ralph
Don Reilly
Carolyne Robb-Baillie
Deborah Roberts
Barbara Robinson
Ed Schellenberg
Ronald Scott
Diane Secondini
Dr. Askhok Sharma
Dr. Cecil Shaver
Ed Sherar
Susan Sherk
Lloyd Simmonds
William Smeaton
Peter Sobol
C.K. Souder
David Stevenson
Corinne Stewart
Peter Thornley
Ara Torigian
Frank Vassallo
Phyllis Vaughan
Leslie Warriner
Warren Wiley

## *CHAIRS*

Richard Dwor ..... 1975-1978
Dr. Gordon Ralph..... 1978-1980
Edd Masters (Interim) ..... 1980
Edward Mitchelson ..... 1980-1982
Dr. James Gibson..... 1982-1984
Duncan Macfarlane..... 1984-1986
Candace Paris ..... 1986-1988
Frank Adamson ..... 1988-1990
Edwin Schellenberg .....1990-1991
Ara Torigian .....1991-1994
Peter Thornley .....1994-1995
Barbara Robinson.....1995-1997
Frank Vassallo.....1997
Doug Hamilton.....1998
William Smeaton.....1998-1999
Dave Eke .....1999-present

## *EXECUTIVE DIRECTORS*

Dick Thornton .....1975-1978
Craig Brown.....1978-1980
Frank Lussing .....1980-1986
Gary Zalot.....1986-present

**If you are interested in being part of our Council or one of our Committees or Task Forces, give us a call at (905) 682-7000 to receive your application kit.**

***For general information, be sure to***

Visit our website at

# www.niagaradhc.on.ca

***We look forward to planning with our community partners to meet Niagara's health care needs !***

# Niagara District Health Council
# Conseil régional de santé de Niagara

## *Operating Statement*

*We will plan with the community and the Minister of Health to support a healthy community with an integrated health system of the highest quality. In our planning we will rely on local volunteers and experts and will operate according to the following values.*

## *Our Values*

### ☑ *Integrated Health System*

We value a high quality integrated health system in Niagara which:

- addresses the multiple determinants of health
- provides accessible services with compassion, respect and dignity
- has defined expectations, accountabilities and authority.

### ☑ *Teamwork and Leadership*

We value teamwork and we exercise planning leadership in Niagara by providing opportunities to work collaboratively with community stakeholders.

### ☑ *Community Input*

We value input from the Niagara community and advocate for our community's views with the Minister of Health and local health and related social service providers.

### ☑ *Best Practice*

We value planning and service delivery which reflects "best practice" as determined by research and the analysis of population health needs data. This ensures that our advice contributes to the health and well-being of Niagara residents.

### ☑ *Quality and Cost Effectiveness*

We value managing Niagara's resources responsibly to maximize the quality and cost effectiveness of our integrated health services.

*Approved by Council on October 18, 1995*